S

| | CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS | Use separate so for each categor Detailed Summa | ory of the | FOR LINE NUMBER: PAGE 91 OF 94 (check only one) X 17 |
|----|---|---|-------------------|---|
| | ny information copied from such Reports and Statemer for commercial purposes, other than using the name | | | |
| | NAME OF COMMITTEE (In Full) Friends of Dave Reichert | | | |
| Α. | Full Name (Last, First, Middle Initial) WELLS FARGO | | | Date of Disbursement |
| | Mailing Address PO BOX 6995 | | | 12 11 2013 |
| | City State Zip Code PORTLAND OR 97228-6995 | | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement BANK FEE | | | 17.72 Transaction ID : SB17.I7029 |
| | Candidate Name | | Category/ Type | Transaction ID: 3617.17029 |
| | | t For: mary General ner (specify) | 1,7,7,2 | |
| | State: District: | | | |
| В. | Full Name (Last, First, Middle Initial) KING COUNTY REPUBLICAN PARTY Mailing Address 845 106TH AVE NE STE 110 | | | Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| | City Stat | • | | Amount of Each Disbursement this Period |
| | BELLEVUE WA 98004-4308 Purpose of Disbursement TICKETS TO EVENT | | | 100.00 Transaction ID : SB17.I7002 |
| | Candidate Name | | Category/ Type | Transaction is . SETT.IT 002 |
| | Office Sought: House Disbursemen Senate Print President Oth | | | |
| | State: District: | | | |
| C. | Full Name (Last, First, Middle Initial) WASHINGTON STATE REPUBLICAN PARTY | | | Date of Disbursement |
| | Mailing Address 2840 NORTHUP WAY STE 140 | | | 11 |
| | City State Zip Code BELLEVUE WA 98004-1433 | | | Amount of Each Disbursement this Period |
| | Purpose of Disbursement TICKETS TO EVENT | | | 1250.00 |
| | Candidate Name | | | Transaction ID : SB17.I7024 |
| | | t For: mary General ner (specify) | | |
| | State: District: | V-1 | | |
| | | | | 1367.72 |

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....